TOWN OF ENFIELD, CONNECTICUT REQUEST FOR PROPOSALS

Employee Benefits Consultant

August 27, 2015

Sealed proposals for the project named above will be received at the office of the Director of Finance until 11:00am, Wednesday, September 9, 2015. Thereafter, proposals will be opened in public and read aloud.

Specifications and proposal documents may be obtained from the Town's website, www.enfield-ct.gov.

The Town of Enfield reserves the right to accept or reject any, all, or any part of proposals, to waive formalities or informalities, and to make an award that is deemed to be in the best interests of the Town.

Lynn Nenni, Director of Finance EOE/AA

TOWN OF ENFIELD, CONNECTICUT STANDARD INSTRUCTIONS

Employee Benefits Consultant

August 27, 2015

1. INTRODUCTION

The Town of Enfield is soliciting proposals for the above named project. If there are any conflicts between the instructions in these Standard Instructions and any other proposal document(s), these Standard Instructions shall prevail.

2. KEY EVENT DATES

Advertisement of Request for Proposals Public Proposal Opening Proposal Awarded (Not Definite) Commencement of Work August 27, 2015 11:00am, Wednesday, September 9, 2015 October 1, 2015 Within ten (10) calendar days of Notice To Proceed

3. OBTAINING PROPOSAL DOCUMENTS

Specifications and proposal documents may be obtained from the Town's website, <u>www.enfield-ct.gov.</u> under the Bids/Proposals link.

4. PROPOSAL SUBMISSION INSTRUCTIONS

- A. One (1) original and two (2) copies of all proposals must be submitted in a sealed envelope clearly marked "Empoyee Benefits Consultant RFP". If forwarded by mail or courier, the sealed envelope must be addressed to "Director of Finance, Town of Enfield, 820 Enfield Street, Enfield, Connecticut 06082". Proposals must be at the office of the Director of Finance by the time of the Public Proposal Opening date noticed in Section 2 titled Key Event Dates. Postmarks are NOT an acceptable waiver of this policy. Corrections and/or modifications received after the first proposal is publicly opened will NOT be accepted.
- B. Ditto marks or words such as "SAME" on the Proposal Form are NOT considered writing and must not be used.
- C. All information must be submitted in ink or typewritten. Mistakes may be crossed out and corrections inserted. Corrections must be initialed by the person signing the proposal.
- D. Proposals are considered valid for ninety (90) days after proposal(s) are opened. Proposers may not withdraw, cancel or modify their proposal for a period of ninety (90) days after proposal(s) are opened.

- E. Proposals must be signed by an authorized person representing the legal entity of the firm submitting the proposal.
- F. The inability to meet any specified requirements(s) must be stated in writing and attached to the proposal form, or written on the proposal form.

5. PRESUMPTION OF PROPOSER BEING FULLY INFORMED

At the time the first proposal is opened, each proposer is presumed to have read and be thoroughly familiar with all proposal and contract documents for this project, and has performed an on-site inspection of the work location. Failure or omission of the proposer to receive or examine any information shall in no way relieve any proposer from obligations with respect to their proposal.

6. <u>INTERPRETATION OF ACCEPTABLE WORK</u>

The specifications, proposal and contract documents are to be interpreted as meaning those acceptable to the Town of Enfield. Any substantive changes or interpretations will be issued by the Town in writing as an addendum.

7. TAX EXEMPTIONS

The Town of Enfield is exempt from Federal Excise taxes and Connecticut Sales and Use taxes. Firms shall avail themselves of these exemptions.

INSURANCE

The firm awarded this proposal must provide a current Certificate of Insurance to the Director of Finance PRIOR to commencement of work, with the following requirements:

- A. General liability coverage limits for bodily injury, property damage, and personal injury, \$1,000,000 per occurrence/\$2,000,000 general aggregate
- B. Auto liability limits for property damage and bodily injury caused by the operation of motor vehicles, \$1,000,000 per occurrence
- C. Contractual liability, \$1,000,000 per occurrence
- D. Professional liability Insurance, \$1,000,000 per claim/\$1,000,000 annual aggregate, when professional services are being provided
- E. Owner's, Contractors Protective Liability (OCP) \$1,000,000 per occurrence, when required by the Town of Enfield
- F. Worker's Compensation, as required by Connecticut State statute
- G. The "Town of Enfield" is to appear as an additional insured on all Certificates of Insurance for general liability and auto liability coverage.
- H. All insurance is to be provided by carriers authorized to issue such insurance in the State of Connecticut, and rated at least A-/VIII by A.M. Best. Exceptions are subject to the sole discretion of the Town of Enfield.
- I. All insurance may not be canceled or modified without sixty (60) days written notice by registered U.S. Mail to "Director of Finance, Town of Enfield, 820 Enfield Street, Enfield, Connecticut 06082".

9. FAIR EMPLOYMENT PRACTICES

The Proposer agrees not to discriminate against any employee or applicant for employment in the performance of this proposal's work with respect to hire, tenure, terms, conditions, or privileges of employment due to race, sex, age, religion, national origin, or other condition proscribed by State or Federal law.

10. AWARDING THE PROPOSAL

The Town of Enfield reserves the right to accept or reject, any, all, or any part of proposals, to waive formalities or informalities, and to make an award that is deemed to be in the best interests of the

Town.

It is the Town's policy to not award to those who owe Town of Enfield prior year(s) property taxes.

The "Proposal Awarded" date in section 2. titled <u>Key Event Dates</u> is the date the proposal is anticipated to be awarded. It is not a date certain.

The lowest priced proposal is NOT the sole determining factor when awarding this proposal.

Revised June 2012

END OF STANDARD INSTRUCTIONS

TOWN OF ENFIELD & ENFIELD BOARD OF EDUCATION

REQUEST FOR PROPOSALS

Employee Benefits Consultant

1) GENERAL INFORMATION

Enfield Connecticut is a 33.8 square mile town with a population of approximately 45,000. The town is located east of the Connecticut River along the Interstate 91 corridor, 18 miles north of Hartford, Connecticut and 9 miles south of Springfield,

2) BACKGROUND INFORMATION

The Town of Enfield (the Town) provides health care benefits for approximately 400 active participants and the Board of Education (the Board) provides health care benefits for approximately 625 active participants. Between both organizations there are 11 unions. The Town and Board also provide health insurance benefits for approximately 300 retirees. The Town and Board are currently self insured for health insurance, with combined annual claims and administrative costs of approximately \$18 million. Retirees are covered under a fully insured Medicare supplement plan. The Town and Board also offer Life and Accidental Death and Dismemberment Insurance. Voluntary Short Term Disability is available for purchase through AFLAC. Human Resources departments of each body are responsible for health benefit administration and labor issues and the Finance departments of each body are responsible for the financial administration of all health benefits including employee payroll contributions.

3) SCOPE OF SERVICES

The successful respondent will perform the following services as part of the total employee benefits consulting services to the Town of Enfield and Enfield Board of Education:

A. Provide routine group benefit and general health care consulting advice. Assist the Town and Board in establishing a strategic plan for employee health care

benefits. Provide ongoing analysis and planning for new approaches to employee health care benefits. Take initiative to bring new ideas to Town or Board administration for consideration.

- B. Provide ongoing analysis of plan designs, cost containment strategies and cost sharing alternatives.
- C. Assist with and provide recommendations to ensure compliance with applicable State and Federal regulations and mandates including, but not limited to, COBRA, HIPPA, and the Affordable Care Act. Inform administration of impending changes to legislation that impact employee benefits.
- D. Provide consulting advice for union negotiations with consideration of the impact of any proposed changes to plan design, cost sharing changes and changes to State or Federal regulations.
- E. Assist with communicating and educating employees with respect to changes in health care benefits or plan design.
- F. Prepare and manage "RFP's" for employee benefits and incentive programs, pharmacy programs and stop loss insurances as requested by administration.
- G. Assist administration with budget planning; provide rates for annual employee premiums (single, couple, family) in mid December, updated in early April for the ensuing fiscal year.
- H. Provide biennial actuarial valuation reports to comply with accounting standards (currently GASB 43, 45 and effective July 1, 2017 GASB 75.) The Town's latest valuation report is dated July 1, 2013. The next valuation report required will be for the July 1, 2015 valuation. Respond to audit confirmations.
- I. Make presentations at Town Council or Board of Education meetings as requested.

J. Prepare Annual "Stewardship Report" summarizing activities for the prior fiscal year including an outline of services rendered during the year, an accounting for fees charged for services, loss exposure, claims experience and loss control activities, trend analysis, recommendations or suggestions for policy changes.

4) TERM

The initial term of the contract will be for three years beginning October 1, 2015. The Town shall have the option to renew the contract for two consecutive years under the same terms and conditions, subject to the appropriation of funds.

5) CONTRACT MANAGEMENT

The contract will be managed by the Town's Director of Finance or his/her duly authorized representative.

6) SELECTION CRITERIA

The following criteria will be evaluated by the Town and Board of Education in making a selection:

- A. Understanding of the project the proposals will be evaluated for the respondent's understanding of the scope and objectives of the project.
- B. Experience size of the entity and relevant experience, qualification of key personnel, and knowledge of State Statutes and Federal Regulations governing health benefits administration.
- C. Fee competitiveness of the proposal.

7) ORGANIZATION AND CONTENT

The proposal shall include a Letter of Transmittal. The Letter should include a statement by the respondent accepting all terms and conditions in the RFP; a brief discussion of the background, experience and ability to perform this contract within the scope of services; a list of any subconsultants that

will be used; a list of current, relevant clients who have received similar services. Specifically, the letter must also contain:

- A. Project Understanding provide a written narrative that demonstrates understanding of the scope of services required.
- B. Philosophy Statement include a statement on the respondent's philosophy on providing health benefits consulting services, including the respondent's view of its role in the process.
- C. Experience provide a summary of the respondent's relevant experience within the State of Connecticut.
- D. Staff Plan identify by including resumes for the key personnel who will provide service under this contract.
- E. References provide a minimum of three references with the submittal with appropriate contact information from recent (3 years) clients.

TOWN OF ENFIELD, CONNECTICUT PROPOSAL FORM

Employee Benefits Consultant

	Annual cost proposal:\$		-		services	as	outlir	ned in	t	his
	Amount in words	S								
	Additional servabove price:	vice ra	tes;	specify	additional	charge	s not	included	in	the
		[PROP	OSAL	FORM RE	QUIRED RESF	PONSES]				
	penalty of perjury a gned certifies this pro									
this Pro	d this proposal it is a pposal Form, subject g any addenda, whic	to and i	n acco	ordance wi	th all instruction					
Si	ignature of Authorize	d Person			 Da	te		-		
Pr	rinted Name of Autho	rized Per	son							
Co	ompany Title of Auth	orized Pe	erson							
Na	ame of Company									

Address of Company	
Address of Company	
City, State, and Zip Code	
Tolophono Number	Facsimile Number
Telephone Number	END OF PROPOSAL FORM